Article

The political is medical now:

Covid-19, medicalization and political theory

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Introduction

Virtually our entire existence became medicalized in the spring of 2020. How we worked, shopped, washed, loved had suddenly been transformed into actions with a profound impact on our own health as well as the health of our nations, essentially into matters of life and death. Medicalization is obviously not a new phenomenon; many of the activities just mentioned have been subject to medical expertise and language. Yet the intensity and scope of the medicalization we are experiencing now is novel – at least in terms of recent history. Most of us had not experienced what it is like to have our public and private lives framed in terms of medicine. In some ways, now we share what was already the reality of many chronically ill people.

This medicalized reality unavoidably has profound ramifications for our politics. While the political implications of expanding medical power have been considered before, contemporary political theorists have not been among the leading voices in these debates.[1] Despite the influence Michel Foucault – the preeminent theorist of medical power – political theorists have generally paid little heed to the medical, while they have, at least since the Great Recession, been increasingly focused on the economic.

Today, the political power of medicine is not only in full view, but it is battling the economic for predominance – a conflict which Foucault, who saw medicalization and production as complementary, would not not have expected.[2] In some instances, the economic frame has been pitted directly against the medical, perhaps most dramatically in the public confrontations between President Donald Trump and Dr Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases. Trump has of course not been the lone champion of the economic. As early as March 2020, economists, industry leaders, and politicians from across the world have joined the efforts to reassert the supremacy of the economic frame, efforts which have only intensified since then. The medical frame and its champions have largely been holding their own, though they have lost some battles.

But even if the economic frame comes out on top, as seems likely, many aspects our current medicalized existence could persist for months, perhaps even years, with significant consequences for how we think and act politically. Political theorists therefore need to reengage with medicalization.

Before we begin to explore the political consequences of the medicalization we are now seeing, however, I should clarify what I mean by medicalization. One useful definition describes it as a 'process by which medical definitions and practices are applied to behaviors, psychological phenomena, and somatic experiences not previously within the conceptual or therapeutic scope of medicine'.[3] Through medicalization, phenomena become entangled in a web of medical concepts, technologies, professions, institutions, and regulations. But the degree of entanglement can vary, which is to say that medicalization is not necessarily an all or nothing matter. Take handwashing. We knew before the outbreak that not washing our hands was unhygienic, but probably thought of this lapse as a bit gross rather than medically dangerous. That has clearly changed. How we wash our hands has become a matter of explicit and active governance by medical experts. We have been bombarded with advertisements

about the medically correct procedure, duration and importance of handwashing, and we are now likely to think that failing to wash our hands exposes us and others to a radically greater medical risk than before. So, while 'Not washing hands' is still not a symptom of Covid-19, it has become medicalized to a significant degree. It important to note that medicalization does not imply *over*-medicalization, that is, it is not necessarily bad. The medicalization of handwashing has few obvious downsides, while its upsides are huge, like limiting the spread of the coronavirus and future infections. Yet, the example of handwashing, which we are now impelled to do as often as we can, wherever we are, also illustrates that, whether good or bad, the consequences of medicalization can reach far beyond the clinic. This essay sketches out the political consequences of the medicalization that the coronavirus has unleashed, drawing on examples from the UK and the US. I do so by focusing on four themes: political discourse, political change, political emotions, and democratic citizenship.

Medicalization and political discourse

The pandemic has crowded out many other of topics of conversation this year. However, it has also influenced the way we talk – and write – about other matters, including, notably, political issues. Since the outbreak began, there has been what seems like an explosion of politically applied medical metaphors in the media. One *Washington Post* op-ed, for example, warned about the dangerous "contagion" of "conservative irrationality," while *The New Yorker* called out what it terms "the preëxisting condition in the Oval Office."[4] Incidentally, these pieces both imply that there is a simple, apolitical, medical approach to the crisis, which the Trump administration has ignored – an implication I shall return to later. In both the US and the UK, political commentators discovered 'pandemics', 'contagions', and 'viruses' of all kinds, including but not limited to mental illness, fear, and courage. Meanwhile, in speculating about

what will come after the crisis, they have spoken about 'cures' or 'treatments' for inequality, poverty, and neoliberalism.

What should we make of this apparent medicalization of political discourse? It is worth noting that political theorists are no strangers to medical metaphors. Plato famously used the authority of the physician over medical issues as a template for the authority of the statesman over matters of government.[5] While this model might resonate with those who see the role of politicians as solving problems that citizens may or may not know they have, it also lends itself to interpretations of Plato as an antipolitical thinker. Hannah Arendt, for instance, saw Plato as the progenitor of a tradition of political theory that aims to understand how people can be ruled well – in contrast to a 'political' political theory that aims to understand how people can rule themselves well.[6] The metaphor of the physician serves Plato's ostensive objective, by clearly distinguishing the rulers – who have the knowledge and means to do what is best for everyone – from the ruled – who do not and are reduced to patients. The proliferation of medical metaphors delineating issues beyond the understanding of ordinary people may have similar implications. Those who complain about the declining authority of experts would perhaps celebrate this development.[7] On the other hand, the increasing reliance upon medical metaphors might signal or contribute to depoliticization. This is what political and social theorists have argued about the proliferation of economic concepts and metaphors – such as 'enterprise' and 'entrepreneurialism' – in politics, taking it as evidence of the neoliberalization of society.[8] If we take this vernacular as evidence of a particular kind of social order, why not read the proliferation of medical metaphors in the same way?

However, it is easy to overestimate the political effects of medical metaphors (or economic ones for that matter). Medical language, especially psychiatric concepts, can be and has been used to delegitimize and disempower individuals by throwing their competence and reliability into doubt.[9] Often when we call someone or something sick or crazy, we neither

intend nor are taken to suggest that the person or situation we are describing requires medical expertise. If I tell a friend that work is crazy, they would not take me to say that I am suggesting that my workplace is showing symptoms of a mental disorder or that a psychiatrist needs to come in get things in order. Similarly, when people now speak of a pandemic of one issue or another, they probably do not mean to say that we should approach these issues using the same expertise and tools we are using to address the Covid-19 crisis, though there are exceptions.

So, we should be careful not to overinterpret the proliferation of medical metaphors as evidence of a sudden or imminent colonization of the political by the medical, something which some critics of medicalization have been guilty of – paralleling the tendency among some critics of neoliberalization to overinterpret economic metaphors in everyday life as signifying the supremacy of neoliberalism and the loss of non-economic forms of thought. Still, following the lead of neoliberalism's more cautious critics, the increasing use of medical metaphors could be interpreted as a sign that medical expertise and ways of thinking are on a rapid political ascendance.

The medicalization of political discourse during the pandemic may also compound with related trends such as poverty, policing, and racism. There have been growing calls in recent years to approach a variety of social issues – especially issues that primarily affect marginalized and deprived communities – as 'public health issues'. For instance, some Black Lives Matter activists have argued that defunding the police is a public health issue, partly because people with health problems are disproportionately criminalized and partly because of the health impact of police violence. This approach, they observe, has been endorsed by health experts, including the American Public Health Association.[10] Activists hoping to replace a criminalization framework with a public health one believe this will result in effective change, whether that be in terms of changing how the individuals affected by these issues are perceived and treated or changing the means and urgency with which policy makers deal with the issues.

But it may also have unintended effects. For one, if the problems of a deprived community are transformed into issues of medical governance, its members are at risk of being transformed into mere patients, much as Plato might have wished. Moreover, as we shall see in the next section, while medicalization can help to drive political change, it can also entrench the status quo and help to shield those in power from public accountability.

Medicalization and political change

We often talk about medicine as though it were the apolitical sphere *par excellence*, free from the debate, disagreement and compromise, as well as perhaps the selfishness and incivility, that define our politics. The reality is more complicated. Many of the characteristics of the political sphere, we find in some form within the medical sphere, particularly when it comes to defining the domain of medicine, that is, the phenomena that are properly subject to medical expertise and treatment.

The transformation of an issue into a medical problem involves political action in the Arendtian sense of the word, that is, people acting in concert to shape an issue of public concern.[11] For instance, medical experts regularly come together to debate and determine which diseases and symptoms to include or exclude official handbooks of the healthcare professions – such as the WHO's International Classification of Diseases. The designation of something as a disease may determine whether you are entitled to or denied healthcare, and whether the people around you take your complaints seriously or dismiss you as a moaner. It also influences national and local government funding for healthcare and welfare services, as well as other spheres, such as law and business.

The designation of the coronavirus outbreak as a 'pandemic' also involved political action. Contrary to occasional assertions in the media, there were no predetermined criteria that would trigger this designation automatically; in fact, these were apparently abandoned years

ago.[12] The decision to designate the outbreak a pandemic was still based on some medical criteria, such as global infection rates.[13] What is notable however is that the WHO also considered a range of other factors as well, including people's emotional reactions. 'Using the word pandemic now does not fit the facts but it may certainly cause fear', the WHO director Tedros Adhanom Ghebreyesus said in February.[14] A few weeks later, he repeated this concern in a speech revealing his organization's decision to finally designate the outbreak a pandemic: "Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death".[15] This was a decision made by a collective of experts and administrators. The intended effect of the designation was not to release any additional resources. Rather, its intended impact was explicitly political. They wanted governments to act.[16]

As both Tedros's words and the impact of the WHO's action underline, the power of medicalization rests not only its capacity to mobilize institutional resources, but, crucially, also in its ability to imbue choices and people with authority. Significantly, this is an authority that, regardless of the internal political actions that may underpin it, appears to be beyond politics, because it is rooted in or related to medical knowledge. By virtue of this authority, many liberal-democratic governments have been pressured into taking actions that have flouted or challenged decades-old neoliberal dogma, such as fiscal austerity, the deconstruction of welfare institutions, and the primacy of the entrepreneurial individual, by passing vast spending packages to guarantee jobs and wages, reaffirming commitments to public healthcare, and emphasizing the importance of collective action in mitigating the crisis. It has also permitted medical experts, quite rightly, to exercise great influence over political decision-making as well as public discourse and actions.

Yet this deep incursion, or perhaps blending, of the medical into the political has also provided people in power with opportunities to depoliticize their own actions, by creating the

appearance that they are themselves simply enacting medical advice. For example, since the crisis began members of the UK government have repeatedly stated that they are acting on medical expertise. At daily briefings, Prime Minister Boris Johnson – and during his illness and convalescence the deputy prime minister – often spoke with the government's lead expert clearly visible behind him. The political scientist Matthew Flinders calls this tactic 'hugging the experts', which politicians use to deflect blame from themselves onto expert organizations.[17] Some experts have become aware of this themselves. In late April, accusations emerged that Johnson's special adviser Dominic Cummings and other political advisers had actively participated in and potentially influenced UK government's Scientific Advisory Group for Emergencies (SAGE). Commenting on the scandal, an unnamed expert member of the group remarked: 'I have been concerned sometimes that Sage has become too operational, so we've ended up looking as though we are making decisions. It contravenes previous guidelines about how you make sure you get impartial scientific advice going through to politicians, who make the decisions'.[18]

Medicalization has not only distorted the decision-making process, but its conditions too. After all, it is the government that has appointed the Chief Scientific and Medical Advisers who lead SAGE and who in turn appoint the group's members. This observation is not meant to cast doubt on the advice of SAGE. It is meant to highlight that the medicalization of policy making in the current crisis – which is driven not only by people in government but also by critics demanding more medically-informed decisions – is concealing the political decision-making behind a multi-layered bulwark of expertise, behind which accountabilities may become difficult to discern. The blurring of political accountability is amplified by the types of emergency political decisions that are being considered or have already been made, ranging from giving police the power to enforce ill-defined social distancing laws to mandating

surveillance apps on people's phones – all in the name of medicine. If, or how, privacy and other rights can withstand these medically reinforced challenges is an open question.[19]

Medicalization and political emotions

So far, I have focused on how the medicalization associated with the pandemic is influencing the way we talk and act politically. But what how we feel about politics? Although whether and how emotions should influence politics is still a matter of debate in some quarters, this summer's Black Lives Matter protests are only the latest demonstration that emotions are key to fomenting and sustaining political action against injustice. But the Covid-19 crisis has raised another important issue, which has received less attention, namely, the emotions that medicalization can engender.

Fear is probably the most frequently experienced and discussed emotion in the current crisis. It is also an emotion that is closely related to the medicalization of our own bodies and behaviors as well as those of others. A common philosophical distinction between fear – an emotion – and anxiety – a mood – is that the former has a specific object, whereas the latter is free-floating or, perhaps more accurately, all-encompassing.[20] At times, everyone experiences a sense of anxiety related to our own vulnerability and the unpredictability of other people, which may lead us to be cautious about our actions and associates. When we perceive some thing or person as a direct threat, anxiety turns into fear of that thing or person. Many medical diseases are both objects and causes of fear to those who suffer from them.[21] People who are ill may not only fear the disease they are suffering from, but also their own body and how it is affected by the disease. As Havi Carel points out, illness makes us aware of aspects of our existence that are otherwise simply part of the background noise of our day-to-day lives, such as our vulnerability, our ability to think and act, and our relationships to other people.[22] Being ill can turn vaguely known facts and capacities – which may otherwise have been sources of

anxiety – into conscious experiences and objects of fear. As the current crisis demonstrates, people do not have to be sick themselves to experience this. Though most people are not ill, nearly everyone seems to have become aware of their vulnerability and come to fear a whole range of things, behaviors, and people, which were at most a source of anxiety before.

It is not the experience of having Covid-19 nor the virus itself that has made social contact or certain ethnic minorities into objects of fear; it is medicalization. Experts, politicians, and medical organizations have designated touching and physical proximity to other people as potential sources of disease. In Europe and the US, racists and far-right politicians and media have labelled Asians as likely and culpable carriers of the virus. While the medical authority underpinning these respective examples differs radically, they are both instances in which a behavior, a body, or even an entire population has been brought into the conceptual scope of medicine, making them objects of fear.

That the virus is being used to spread fear of people of Asian descent and fueling a surge in violence against them, demonstrates some of the worst potential consequences of medicalization. The fear engendered by medicalization need not have such destructive effects. Our fear of social contact is helping to contain the virus. We have also seen some apparent examples of fear's capacity to create bonds of solidarity, prominently in the British context where hundreds of thousands of people volunteered to support the National Health Service.[23] Fear can be politically constructive as well.

Whatever the consequences of this emotion, we are not experiencing fear 'of the unknown' as the World Health Organization and others have claimed, because it is not lack of medical knowledge that is making us afraid in the current crisis.[24] '[W]e've all become amateur epidemiologists," the journalist Charles Bethea recently observed.[25] As this suggests, we have suddenly been equipped with and urged to use knowledge, the knowledge that things, behaviors, and people that were previously innocuous have become medical threats. If

anything, then, what we are experiencing is fear of the known, or, more specifically, fear of the medically known.

We see similar patterns with other emotions in the pandemic, such as shame. Many of us have felt shame over our occasional failures to adhere to social distancing restrictions, because medical experts have told us that such failure put others at risk. When others flout these restrictions, we might get angry and perhaps seek to shame them. While such emotions have likely also helped to slow the spread of the virus, they can also have more pernicious effects. Some people might have experienced shame because others have labelled them with terms like 'super-spreader' or 'Covid suspect', terms which spread like wildfire in the media in the first few months of the outbreak. The WHO warned against the use of these terms, partly because the people targeted by them may feel too ashamed to seek medical care. Yet we should not forget that these concepts came into popular use through the efforts of medical experts. We are using them because our language has become medicalized; we have learned to talk the way experts do – or at least the way we think they do. Again, claiming that negative emotions like these are rooted in lack of knowledge is therefore misleading, particularly in this instance, since it obscures the link between emotions and medical knowledge. Failing to see this link means that we may also fail to understand the kind of citizens that might emerge from this crisis, namely, citizens deeply committed to medical expertise and rationality, possibly to the exclusion of democratic values and processes.

Medicalization and democratic citizenship

Another prevalent experience during the pandemic has been powerlessness. The character and magnitude of the crisis are of course among the factors that fuel this feeling, but so are the various aspects of medicalization explored in the previous sections. Conceptualizing an issue as a medical problem may entail giving up control, both by recognizing that one is powerless

in the face of the issue and by giving power to a medical expert to deal with it.[26] Similar concerns have of course been raised about neoliberalism, and the aforementioned critics have long seen the two as linked. But, likely due to the influence of Foucault, medicalization is often treated as a mere extension of the neoliberalism.[27] That may be why the specific ramifications of medicalization for democratic citizenship have not been adequately addressed, especially among political theorists.

The failure to address medicalization is particularly striking in Wendy Brown's *Undoing the Demos*, in which she exposes how neoliberalism undermines or destroys the conditions for substantive, participatory democracy. Brown defines neoliberalism as an 'order of normative reason' within which all aspects of human life are understood as economic markets and humans themselves are conceived as entrepreneurs who seek to maximize their own value in these markets.[28] This produces a subject that 'approaches everything as a market and knows only market conduct' and 'cannot think public purposes or common problems'.[29] Following Foucault, Brown calls this subject *homo oeconomicus*. She warns that, as neoliberal reason spreads and becomes ascendant, the *homo oeconomicus* replaces the 'already anemic' *homo politicus*, which rules with others through deliberation, collaboration, and contest.[30] Yet this picture is incomplete.

An analysis of the medical and more specifically of medicalization may both complement and complicate such stories of democratic decay. Though medical rationality can and often does overlap with economic rationality, they are not coextensive.[31] As the coronavirus crisis has shown, they can be diametrically opposed. This is partly because the end of maintaining health is, obviously, not always compatible with the end of building wealth. Another but related cause of opposition is that these respective rationalities derive their authority from different sources. Consider the radically differing levels of public trust in professions focused on health on the one hand and wealth on the other. According to the 2019 Ipsos Global Trust Worthiness

Index, doctors are the most trusted profession in the UK, and trust levels for doctors were more than four times higher than those for business leaders or bankers. Among US respondents, the gap was smaller, but trust in doctors still led the latter professions by a factor of three.[32] I am not suggesting that these surveys reflect the actual political authority of medical experts and rationality on the one hand and their economic counterparts on the other. However, it does suggest that the nature of their authority differs. To borrow another Arendtian concept, their respective authority flows from different webs of relationships.[33] Whereas medical rationality is bound up in, for example, hospitals, medical research, medications, doctor-patient relationships, and, crucially, health; economic rationality is bound up in, for example, financial data, money, shareholders and employees, and, crucially, wealth.

Given the difference between economic and medical rationality, it is useful to consider alongside *homo politicus* and *homo economicus* a third subject archetype, namely, *homo medicus*. Although this term is ordinarily taken to refer to the doctor – this is how Foucault himself used it[34] – it has more recently been used to name a subject driven by the imperative of health and that, hence, approaches everything in terms of maximizing health and minimizing risks to it.[35] In a way, as Bethea suggests above, we have in this crisis all become *homo medicus,* actively evaluating the people and things around us in medical terms and questions, such as: Are the people in front of me contagious? Will my children become sick if I send them to school? Should I wear a mask?

Unlike Brown's *homo economicus*, however, *homo medicus* is clearly capable of 'thinking public purposes', as the example British citizens and denizens rallying around the National Health Service in the crisis highlights. After the UK government issued a call for volunteers to support an NHS overburdened because of the pandemic, more than 750,000 people responded.[36] This is evidently not an instance of revolutionary political action; it is a

type of preservative political action, one that seeks to preserve a collective resource. Still, the actors involved are thinking a public purpose, even if this purpose is in a sense also medical.

While the current level of mobilization around the NHS may be unprecedented, the service has long constituted a site of political contestation. Even people traditionally seen as lacking political agency have through the NHS found issues and spaces to organize around collectively. Resource deprived communities have rallied around local NHS surgeries threatened by closure and individuals diagnosed with mental disorder have demanded healthcare reforms in hospital boardrooms. The NHS and its constituent parts amount to what Bonnie Honig calls 'public things', things which have the power to gather people together and constitute them as citizens, and which are in turn contested, maintained, and secured through the concerted actions of citizens.[37] Perhaps this epidemic demonstrates that *homo medicus* must think publicly, because health requires it.[38]

But *homo medicus* raises democratic concerns too. Because of its overriding commitment to maintaining health, *homo medicus* may place too much trust in medical experts, especially in their capacity to develop and execute solutions to public issues. In this regard, this subject might find some common ground with *homo economicus*. For while *homo medicus* may at times need to defend politically the public things that enable health, she too seems to desire freedom from politics. We see this in the stream of polemical editorials accusing political leaders of not listening to the experts or of not giving them sufficient power, as though simply allowing medicine or science to rule would cure our ills – something which was a common refrain in some quarters before the crisis as well. The frequency and ferocity of such calls is surprising given that coronavirus crisis has made patent that speaking 'medicine' or 'science' as monoliths with specific solutions to any problem is a fantasy, and that, just as in softer fields, reasonable disagreements are both possible and common, particularly when it comes to policy. Hence, while exploring the relationship between the medical and the political might inform

more nuanced stories of democratic decay, they may also help us better understand the factors that may be undermining democracy and how we can counteract them.

In *homo medicus,* we thus find two tendencies, one political and the other antipolitical. The post-pandemic world will be shaped by which of these tendencies gains the upper hand. If we can avail ourselves of the possibilities and resources established by the pandemic, the political tendency might win. The current wave of Black Lives Matter protests could be seen as a realization of this potential; while fueled partly by the disproportionate suffering that the pandemic inflicted on black and minority ethnic communities, the movement and its aims far exceed the medical frame.[39] However, if we instead fall back on blind commitments to health and medicine, the antipolitical tendency of *homo medicus* is likely to prevail. We have seen evidence of what this may look like too. In response to the expanding the power of medical during the pandemic, right-wing populists are fomenting suspicion and hostility towards medical experts. Many on the left have in turn responded by affirming health as the only relevant value in considering how to move forward. Far from leading us towards an epistocratic utopia then, the antipolitics of *homo medicus* is likely to take us down a path of growing polarization.[40]

Medical expertise will undoubtedly remain politically indispensable over the next few months. But we will not find the cure for our political predicaments in the medical.[41]

Notes

1. Notably exceptions include: N. Rose, *The politics of life itself* (Princeton: Princeton University Press); W. Davies, *The happiness industry* (London: Verso, 2015); B-C Han, *Psychopolitics: Neoliberalism and new technologies of power* (London: Verso, 2017); M.

Fisher, *Capitalist realism* (Winchester, UK: Zero Books, 2009). That said, most of these scholars do not seem to be household names among political theorists.

2. See for example: M. Foucault, *'Society Must Be Defended': Lectures at the Collège de France 1975-1976* (New York: Picador, 2003), 32-33.

3. J. E. Davis, "Medicalization, social control, and the relief of suffering," in *The new Blackwell companion to medical sociology*, ed. W. C. Cockerham, (Oxford: Wiley-Blackwell), 211-241.

4. M. Boot, "The second-most-dangerous contagion in America: Conservative irrationality," *The Washington Post*, April 12, 2020. Accessed April 12, 2020. https://www.washingtonpost.com/opinions/2020/04/12/second-most-dangerous-contagion-america-conservative-irrationality/; D. Remnick, "The preëxisting condition in the Oval Office," *The New Yorker*, April 12, 2020. Accessed April 12, 2020. https://www.newyorker.com/magazine/2020/04/20/the-preexisting-condition-in-the-oval-office/.

5. Plato, *The Republic*, trans. C. D. C. Reeve (Cambridge: Hackett Publishing Company, 2004), 389b-c. See also: R. F. Stalley, "The role of the doctor: technician or statesman?" *Journal of Medical Ethics*, 6, no. 1 (1980), 19-22.

6. H. Arendt, *Between past and future* (New York: Viking Press, 1961), Ch. 1. See also: B. Honig, *Political theory and the displacement of politics* (Ithaca, NY: Cornell University Press, 1993).

7. See for example: J. Brennan, *Against democracy* (Princeton: Princeton University Press, 2016).

8. See for example: L. McNay, "Self as Enterprise," *Theory, Culture & Society*, 26, no. 6 (2009), 55–77.

9. D. Degerman “Brexit Anxiety: A Study in the Medicalization of Dissent,” *Critical Review of International Social and Political Philosophy*, 22, no. 7 (2019), 823-840.

10. See for example: P. Fernandez, “Defunding the Police Isn’t Punishment—It Will Actually Make Us Safer,” *Cosmopolitan*, June 4, 2020. Accessed August 9, 2020. https://www.cosmopolitan.com/politics/a32757152/defund-police-black-lives-matter/; American Public Health Association“Addressing Law Enforcement Violence as a Public Health Issue,” *APHA.org*, November 13, 2018. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence

11. H. Arendt, *Crises of the republic* (New York: Harcourt Brace Jovanovich, 1972), Ch. 2.

12. D. Mackenzie, “Covid-19: Why won't the WHO officially declare a coronavirus pandemic?” *New Scientist*, February 26, 2020. Accessed: April 29, 2020. https://www.newscientist.com/article/2235342-covid-19-why-wont-the-who-officially-declare-a-coronavirus-pandemic/.

13. S. Newey and J. White, “Coronavirus outbreak declared a pandemic: what does it mean, and does it change anything?” *The Telegraph*, March 22, 2020. Accessed: August 9, 2020. https://www.telegraph.co.uk/global-health/science-and-disease/pandemic-coronavirus-who-what-impact-uk/.

14. D. Mackenzie, “Covid-19: Why won't the WHO officially declare a coronavirus pandemic?” *New Scientist*, February 26, 2020. Accessed: April 29, 2020. https://www.newscientist.com/article/2235342-covid-19-why-wont-the-who-officially-declare-a-coronavirus-pandemic/.

15. Tedros A. G., “WHO Director-General's opening remarks at the media briefing on COVID-19,” *World Health Organization*, March 11, 2020. Accessed: April 28, 2020.

https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020/.

16. Ibid.

17. M. Flinders, "Democracy and the Politics of Coronavirus: Trust, Blame and Understanding," *Parliamentary Affairs* (2020; early access). Accessed: July 30, 2020. https://doi.org/10.1093/pa/gsaa013/.

18. F. Lawrence, S. Carell, and D. Pegg, "Attendees of Sage meetings worried by presence of Cummings," *The Guardian*, April 26, 2020. Accessed: April 28, 2020. https://www.theguardian.com/world/2020/apr/26/attendees-of-sage-coronavirus-meetings-worried-by-presence-of-dominic-cummings/.

19. See for example: R. Kishi, "How the Coronavirus Crisis Is Silencing Dissent and Sparking Repression," *Foreign Policy*, July 21, 2020. Accessed: July 31, 2020. https://foreignpolicy.com/2020/07/21/how-the-coronavirus-crisis-is-silencing-dissent-and-sparking-repression/

20. See for example: P. Goldie, *The Emotions: A Philosophical Exploration* (Oxford: Oxford University Press, 2000) 18. R. Solomon, *The Passions: Emotions and the Meaning of Life* (Cambridge: Hackett, 1993) 229-30.

21. There are diseases that most healthy people do not fear, such as the common cold.

22. H. Carel, *Phenomenology of illness* (Oxford: Oxford University Press, 2018), esp. Ch. 4.

23. P. Butler, "A million volunteer to help NHS and others during Covid-19 outbreak," *The Guardian*, April 13, 2020. https://www.theguardian.com/society/2020/apr/13/a-million-volunteer-to-help-nhs-and-others-during-covid-19-lockdown/.

24. WHO, *Social Stigma associated with COVID-19* (Geneva: WHO, 2020). Accessed: April 29, 2020. https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf/.

25. C. Bethea, “The Federalist as ‘medical journal’ in the time of the coronavirus,” *The New Yorker*, April 12, 2020. Accessed April 12, 2020. https://www.newyorker.com/news/news-desk/the-federalist-as-medical-journal-in-the-time-of-the-coronavirus

26. See for example: J. Moncrieff, “Neoliberalism and biopsychiatry: A marriage of convenience,” in *Liberatory psychiatry: Philosophy, politics, and mental health*, C. I. Cohen, and S. Timimi, eds. (Cambridge: Cambridge University Press, 2008) 235-255; B. M. Z. Cohen, *Psychiatric hegemony* (London: Routledge, 2016); M. Fisher, *Capitalist realism* (Winchester, UK: Zero Books, 2009).

27. D. Lupton, “Foucault and the medicalisation critique,” in *Foucault, health and medicine*, A. Petersen and R. Bunton, eds. (London: Routledge, 1997), 94–110.

28. W. Brown, *Undoing the demos* (New York: Zone, 2015), 30.

29. Ibid. 39.

30. Ibid. 35, 79, 221-222. In her most recent book, Brown extends her analysis beyond *homo oeconomicus* and the rationality it embodies, but she does not abandon it. Moreover, Brown still has nothing to say about medical power, even though the politics of pregnancy centers is one of her central cases. See: W. Brown, *The Ruins of Neoliberalism: The Rise of Antidemocratic Politics in the West* (New York: Columbia University Press, 2019), esp. 182, 143-160.

31. Cf. B. M. Z. Cohen, *Psychiatric hegemony*.

32. Ipsos Mori, *Global trust in professions* (London: Ipsos, 2019). Accessed: May 29, 2020. https://www.ipsos.com/sites/default/files/ct/news/documents/2019-09/global-trust-in-professions-trust-worthiness-index-2019.pdf/.

33. See: H. Arendt, *The human condition* (Chicago: University of Chicago Press, 1998), 233-4.

34. Foucault, *History of madness*, 358, 504.

35. E.g.: P. Peretti-Watel and J.-P. Moatti, *Le principe de prévention* (Paris: Seuil / La république des idées, 2009).

36. Butler, "A million volunteer."

37. B. Honig, *Public Things* (New York: Fordham University Press), 24.

38. See also: Rose, *The politics of life itself*, 134-135, 144.

39. R. Nakhaie and F.S. Nakhaie, "Black Lives Matter movement finds new urgency and allies because of COVID-19," *The Conversation*, July 5, 2020. Accessed August 9, 2020. https://theconversation.com/black-lives-matter-movement-finds-new-urgency-and-allies-because-of-covid-19-141500/.

40. See: W. Davies, *Nervous States* (London: Vintage, 2019), part two; L. C. Charland, "Why psychiatry should fear medicalization," in *The Oxford Handbook of Philosophy and Psychiatry*, K. W. M., Fulford, M. Davies, R. G. T. Gipps, J. Z. Graham, G. Stanghellini, and T. Thornton, eds. (Oxford: Oxford University Press, 2013) 159–175.

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